497 Contribu	tion Report		Amou	Type or print in ink nts may be rounded to w			497 CONTRIBUTION REPORT
NAME OF FILER			Date of This Filing 09/13/2014		Date Stamp CA	LIFORNIA 107	
Mike Toerge for City Council 2014 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				- Inis riing -	22/ 42/ 42/ 42/ 42/ 42/ 42/ 42/ 42/ 42/	2014 SEP 15 AM 8: 3	FORM For Official Use Only
(714)742-8114 1360663				Report No. 1			For Official Use Only
STREET ADDRESS 3810 E. Coast Highway, Suite 4				☐ Amendme to Report No		OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	
CITY STATE			ZIP CODE	(explain below) No. of Pages1		CITY OF NEWPORT BEACH	
1. Contributio	on(s) Received	CA	92625				
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		***************************************			· · · · · · · · · · · · · · · · · · ·	IF AN INDIVIDUAL,	
DATE RECEIVED	FULL NAME,	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE ALSO ENTER LD NUMBER)			CONTRIBUTOR CODE *	ENTER OCCUPATION AND EMPLOYER RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
09/12/2014	Diane McKinnon	_				Retired Retired	1,100,00
			ann o de la companya		☐ PTY ☐ SCC		Provide interest rate
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States que que no ma como a como medita diferente en el entre en deste el deste el deste el deste el del del d							Provide interest rate
Reason for Amenda	ment:					*Contributor Codes IND Individual COM Recipient Committe OTH Other (e.g., busines PTY Political Party SCC Small Contributor Co	ss entity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)